

SENATE BILL No. 572

DIGEST OF INTRODUCED BILL

Citations Affected: None (noncode).

Synopsis: Medicaid reimbursement rates. Requires the office of Medicaid policy and planning to survey Indiana physicians to determine health care service costs and to prepare a report containing the data collected. Requires the office to group the data collected in specified groups and compare the health care costs submitted with the reimbursement rates for the health care service under the Medicaid and Medicare programs. Requires the office before October 1, 2007, to prepare and submit a report and to be available to testify to the select joint commission on Medicaid oversight.

Effective: Upon passage.

Errington

January 23, 2007, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

SENATE BILL No. 572

A BILL FOR AN ACT concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. [EFFECTIVE UPON PASSAGE] (a) As used in this
2 SECTION, "commission" refers to the select joint commission on
3 Medicaid oversight established by IC 2-5-26-3.

4 (b) As used in this SECTION, "office" refers to the office of
5 Medicaid policy and planning established by IC 12-8-6-1.

6 (c) Before September 1, 2007, the office shall survey physicians
7 in Indiana to determine the costs of health care services provided
8 by the physician. The survey must do the following:

9 (1) Specify the physician's specialty group, focusing on
10 gathering information of the following specialty areas:

11 (A) Pediatrics.

12 (B) Obstetrics and gynecology.

13 (C) Family practice.

14 (D) Psychiatry and mental health.

15 (E) Emergency room care.

16 (F) Any other category the office determines would be
17 beneficial in analyzing the collected information.

18 (2) Group the physicians responding by:



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1 (A) county; and

2 (B) setting, including whether services are provided in a
3 rural or urban area, and whether particular services are
4 provided at a physician's office, clinic, hospital,
5 ambulatory surgical center, or other type of health care
6 facility.

7 (3) Provide physicians who are completing the survey with a
8 definition of cost.

9 (d) The office shall compile the data collected in this SECTION
10 and prepare a report analyzing the information by health care
11 service, specialty group, county, health setting, and any other
12 category the office considers relevant. The report must compare
13 the rates for health care services submitted in the survey with the
14 reimbursement rates provided under:

15 (1) the state Medicaid program (IC 12-15); and

16 (2) the federal Medicare program (42 U.S.C. 1395 et seq.);
17 for the same health care services.

18 (e) Before October 1, 2007, the office shall submit the report to
19 the commission and be available to testify to the commission about
20 the report.

21 (f) This SECTION expires December 31, 2007.

22 SECTION 2. An emergency is declared for this act.

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